



Indiana Immunization Program Receives National Awards

The Centers for Disease Control and Prevention (CDC) is honoring the Immunization Program at the Indiana State Department of Health with two national awards because more children than ever before in Indiana are receiving all of the appropriate vaccinations.

Immunization Program staff accepted the awards at the National Immunization Conference in Denver on Monday, April 29.

"We are so pleased with the progress that we have been able to make on increasing vaccination rates in Indiana," said Charlene Graves, M.D., medical director for immunization at the State Department of Health.

"This is no small achievement," said State Health Commissioner Greg Wilson, M.D. "Immunizations are at the core of public health and are vital to the continued health of our



ONE OF TWO IMMUNIZATION AWARDS is held by Charlene Graves, M.D., Medical Director, Injury and Prevention; and Terry Adams, supervisor, Vaccines for Children Program.

Photo by Daniel Axler

children."

"I congratulate Dr. Graves and the entire immunization staff on their excellent work that has resulted in these important awards," said Dr. Wilson.

The CDC presented the Immunization Program with the National Immunization Survey award for a significant increase last year in vaccination rates for children in Indiana. Only one other state in the nation, Delaware, showed greater improvement than Indiana.

The CDC conducts the National Immunization Survey each year to obtain vaccination coverage rates for American children between the ages of 19 months and 35 months.

The Immunization Program also received the Assessment

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CDC Certifies 2nd Nosologist in Vital Records

Vital Records at the Indiana State Department of Health has a nosologist with new certification from the CDC's National Center for Health Statistics. A nosologist is a professional who is an expert in the classification of diseases. In ISDH Vital Records such a specialist is necessary to accurately classify and code diseases causing deaths for entry into the computer mortality archives.

Childs, who has worked in Vital Records since 1990, was promoted to the position of nosologist in 2000. It was then her specialized training began. April 18 marked the culmination of that training when Childs was awarded certification from the National Center for Health Statistics (NCHS), marking the attainment of pro-



NOLA CHILDS, Vital Records, receives training certificate qualifying her for classifying data as an ISDH nosologist. On hand for the presentation are (l. to r.) Joe Hunt, assistant commissioner for Information Services and Policy; Barbara Stultz, supervisor, Vital Records; Nola Childs, and Donna Glenn, Chief of the Mortality Medical Classification Branch, Division of Vital Statistics at the CDC's National Center for Health Statistics.

Photo by George Murff

fessional qualifications for the ISDH nosologist position. The certificate presentation was made in a surprise ceremony in Indianapolis.

Donna Glenn, Chief of the Mortality Medical Classification Branch, Division

of Vital Statistics at NCHS's Research Triangle Park, NC, made the presentation.

Childs says of the training, "My brain is tired after learning the tens of thousands of rules and the exceptions to just about every rule." She adds, "I consider myself a nosologist in training," but anticipates she will become more comfortable as she gains experience doing the job. She is qualified to classify both the underlying cause and the multiple causes of death on a death record.

Susan Graves says that Childs learned the material quickly. The nosologists classify and code more than 1,000 death records each week.

Glenn could have mailed the certi-

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Feedback Incentive and Exchange of Information (AFIX) award for working with private health care providers to increase the number of children in Indiana who have received the appropriate vaccinations.

According to the CDC, "Not only has the Indiana program been successful in getting the AFIX strategy into the private providers' offices, but it has also provided data that the strategy has improved immunization coverage levels."

"The State Department of Health has been working for some time on this initiative," said Dr. Graves. "Back in 2000, a collaboration was developed between the Delaware County Health Department and the Immunization Program to focus on private health care providers."

The Delaware County Health Department received a grant from the CDC in 2000 to hire separate staff to visit private health care providers who participate in the Vaccines For Children (VFC) Program. Indiana is the only state to have this kind of collaboration with a local health department. Other states use commercial companies to administer their Vaccines For Children programs.

The Vaccines For Children Program is a federal program in which federally purchased vaccines are placed in private physicians offices to be administered to children without insurance or who are on Medicaid, and to Native American Indians or Alaskan native children.

Last year, six assessors with the Immunization Program,

working in partnership with Delaware County, visited nearly 94 percent of the 500 eligible private providers who participated in the Vaccines For Children Program.

"Compared to 1999, in 2001 the number of assessor visits to private practices has more than doubled," said Dr. Graves. "The work of this group is just outstanding."

The immunization staff visited the private practices to measure how many of the children being served by that office were being appropriately vaccinated. They then followed up with recommended changes, like vaccine reminder cards and standardized immunization forms, to help increase immunization rates. During these visits, the staff also made sure all the VFC vaccines were being correctly stored and administered.

"Our goal is to ensure that 90 percent of children in Indiana receive all the appropriate vaccinations by the age of 24 months," said Dr. Graves.

Last year, the Immunization Program staff visited 100 percent of the public clinics that qualified to participate in the Vaccines For Children Program. The Marion County Health Department also participated in this effort.

The State Department of Health's Immunization Program is currently implementing a statewide immunization registry program to help improve vaccination rates even more.

"We expect even greater immunization coverage in upcoming years with implementation of this registry," said Dr. Graves.

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cate—in fact, Childs had been looking for it in her mail—but because Glenn was scheduled to be in Indianapolis for a training session in which Childs participated, Glenn decided to deliver it in person.

The certification ceremony feting Childs' accomplishment followed a lengthy training process. Childs attended two 2-week training sessions at the CDC's North Carolina Research Triangle Park training facility, held during 2000 and 2001, followed by practice entry of coding data for several thousand death records.

Subsequently, qualification for certification included accurate database coding for an additional 1,056 death records, which was equivalent to a final exam, according to Childs.

Childs joins Susan Graves, who has been ISDH's nosologist since 1973 and certified since 1987, when national standards were established.



Glenn and two other staff from NCHS also trained a group of six ISDH and three Marion County Health De-



TRAINING ON NEW SOFTWARE provided by National Center for Health Services (NCHS) was attended by ISDH Vital Records and Marion County Health Department (MCHD) staffs. They are front row (l. to r.): Kathleen Frogge, Barbara Stultz, Ambroise Massela (on knees), Teresa Watkins (NCHS), Kim Amrhein (MCHD); Back row (l. to r.): Susan Graves, Stephen Nicewanger, Shirley Carter (NCHS) Trejina Noel (MCHD), Nola Childs, Debbie Johnson (MCHD), Tina Biggs and Donna Glenn (NCHS).

Photo by George Murff

partment staff to use new Super MICAR software for entering mortality data in the Vital Statistics database. The computer training, which covered the use of Super MICAR, was held at ISDH's 2 North Meridian Street offices on April 17-18.

ISDH Vital Records staff participating in the recent training included Susan Graves, Barbara Stultz, Tina Biggs,

Steve Nicewanger, Kathleen Frogge, and Ambroise Massela.

According to Susan Graves, the reason for the needed software training was due to a major revision of the World Health Organization (WHO) classification system. The WHO standards are observed by WHO member nations, by Indiana, and by state Health Departments throughout the U.S.

Graves says that even with the comprehensiveness of the new standards and improved software automation, there are still many occasions when an esoteric cause of death re-

corded by a physician on a death certificate doesn't match any existing code. These special cases require research in an attempt to make a customized match. For such instances, Graves has a bookcase packed with medical books like *Gray's Anatomy*, *Cancer Medicine*, *Anderson's Pathology*, and the *Birth Defects Encyclopedia*, a hefty volume that appears to weigh upwards of 25 pounds.

State Health Officials Sponsor Baby Showers

Healthy mothers make healthier babies.

That's why the Indiana State Department of Health's Office of Minority Health is hosting baby showers in Evansville, Gary, Indianapolis, and South Bend on Saturday, May 4, 2002. These "Shower Your Baby With Love, Baby Showers" will offer expectant parents valuable information on raising a healthy child.

The baby showers will help provide expectant mothers access to prenatal care, regardless of geographic, social and economic status, to help ensure the successful development of their children both before and after pregnancy.

The program will also assist expectant mothers and fathers in building a network of friends to turn to when they need assistance or have questions during and after their pregnancies.

"The baby showers were designed to shower expectant moms and dads with prenatal care information in a fun

setting, and to enroll them in health services on the spot," said Tasha Smith-Bonds, program coordinator.

Expectant parents who attend the baby showers will be given the opportunity to enroll in a variety of programs, including Hoosier Healthwise; the Breastfeeding Program; the Newborn Screening Program; the SIDS Project; and Women, Infants and Children (WIC).

"These services, which are available within an expectant mother's

local community, will help ensure she receives the proper prenatal care and immunizations, and that she is given the necessary nutritional guidelines to aid in the physical and intellectual growth of her child," said Smith-Bonds.

A new baby crib will be raffled off at each of the four baby showers. The SIDS Program "Back To Sleep," which promotes public awareness of the

proper way to place a baby in the crib (on its back), has donated the cribs.

Expectant parents can attend baby showers on Saturday, May 4, 2002, at the following locations:

CAPE (Community Action Project of Evansville)

27 Pasco Avenue, **Evansville**

Time: 1-4 p.m., Saturday, May 4, 2002

Contact: Janet Johnson, (812) 425-4241

Ivy Tech College, Multi-Purpose Room

1440 E. 35th Avenue, **Gary**

Time: 12-3 p.m., Saturday May 4, 2002

Contact: Renae Brantley, (219) 397-4335

Indiana War Memorial

431 N. Meridian Street, **Indianapolis**

Time: 12-3 p.m., Saturday, May 4, 2002

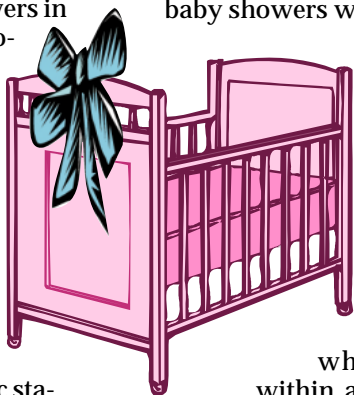
Contact: Tasha L. Smith-Bonds, (317) 233-7453

Minority Health Coalition

234 South Chapin Street, **South Bend**

Time: 11-2 p.m., Saturday, May 4, 2002

Contact: Sheral Anderson, (574) 239-5290



Birth Defects Surveillance Becoming National Trend

State birth defects surveillance programs hold the promise to reduce birth defects and their cost to society.

To that end, 28 states, including Indiana, have cooperative surveillance agreements that are supported with CDC funding, according to Larry Edmonds, director of the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention (CDC).

Edmonds says that birth "malformations cost \$15 billion annually." He was in Indianapolis on April 30 and May 1 to speak about birth defects surveillance in a talk at The Indiana Government Center South and to consult with Indiana State Department of Health staff and members of the Indiana Genetics Advisory Committee.

Edmonds estimates that babies with major birth defects account for three to four percent of all births—about 3,500 annually in Indiana.

Edmonds' data shows that improved



Larry Edmonds

surveillance is needed because historic surveillance tools like birth certificates only reveal half of the birth defects that later become apparent.

Data also suggests that continuing genetics research is needed since the causes of 66 % of infant birth defects are unknown. Attributable causes, Edmonds said, are: single mutant genes and familial hereditary factors, 18%; uterine factors, 3%; teratogens, 3%; and chromosomal factors, 10%.

Intensified national interest in surveillance had its origins in the 1960s, following birth malformations caused by the sedative thalidomide.

Edmonds stated that under the Birth Defects Prevention Act of 1998, the CDC's role in preventing birth defects is to: (1) collect and analyze data on birth defects; (2) operate regional centers for applied epidemiologic research on the prevention of birth defects; and (3) inform and educate the public about the prevention of birth defects.

Indiana is about to start its operational surveillance system this summer. Edmonds says that goals for states with operational systems have been to

- sustain, improve, expand, and evaluate surveillance methodology;
- work with partners to expand birth defects prevention programs and improve access to services; and
- evaluate prevention and referral programs.

Edmonds discussed options available to a state for constructing a surveillance model, including coding systems, who participates in the planning, benefits of legislation permitting or mandating the collection of data, and confidentiality procedures for protecting and sharing data. He also discussed the cost and effectiveness of several methods of surveillance, with intensive surveillance being the best and mandatory hospital reporting, with follow-up and quality control, as next best.

Rushville Broadens Safety Net with New Clinic

Expenditure of tobacco settlement funds has produced concrete benefits in the form of a new enlarged clinic in Rushville.

Ann Curtis, who has directed clinic activities from their modest beginnings in 1985, says the new clinic has 10,000 square feet with 12 exam rooms, compared to two in the old facility. The clinic was dedicated on Wednesday, April 17, with an open house and invitation to the public for a visit and tour on April 18. The clinic officially opened its doors for services on Monday, April 22.

Curtis says the new clinic's waiting room has plenty of space with 20 seats, and there's good on-site parking for patients, too. The combined staff of six full and part-time advanced practice nurses, under supervision of a medical doctor, is able to provide timely services to patients.

The new clinic location is just three blocks from the hospital in Rushville, and has rented space to the county's Women, Infants, and Children (WIC)



JONI ALBRIGHT (left), assistant commissioner, Community Health Development Services, speaks at the new Family Health Services clinic building dedication ceremonies in Rushville, April 17. Facing Albright, the clinic's architect, Ken Montgomery (left center), and Dena Bills, chair of the clinic's Board of Directors, listen.

program, making it convenient for expectant mothers to receive counseling and nutritional services.

Several grants and a loan have made the new clinic possible. The grants in-

clude one from the Indiana State Department of Health for \$544,625 from tobacco settlement funds, and another for \$89,750 from the U.S. Department of Agriculture rural development section. The clinic also obtained a \$600,000 USDA low-interest loan.

Since 1998, when Family Health Services became a community health center, and was able to serve all family members, Curtis says, "We've never turned anyone away." The clinic charges for services on a sliding scale.

Curtis believes that more paying customers in the community, attracted by the clinic's clean modern facility and friendly, capable staff, will seek health care there rather than going outside the county.

Jonathan Mack, recently chosen to serve as director, ISDH Office of Primary Care, says that although ISDH's Maureen McLean and Chris Stamm, Mack's predecessor, weren't able to attend the dedication ceremonies, Ann Curtis mentioned them both kindly for their contributions to the clinic's success.

(Editors Note: Maureen McLean, ISDH Maternal and Child Health, remembers the Rush County origins of what has become today's Family Health Services. What follows are the remembrances that the "Express" asked McLean to share with readers.)

"Rush County back in 1984 was in dire straits" with few services for mothers and babies. Infant mortality was bad (three times the state average) and low income people had no place to go for prenatal or child health care—even those with money were having to go out of county for these services. Fayette and Franklin counties were having similar problems.

"I tried to get the local health department and hospital to do something, but they were overwhelmed, so I suggested we call a community meeting to share and discuss the problem.

"The hospital called the meeting. I was delighted at the wonderful turnout of men and women who showed up. Some of them volunteered to work with me to write some grants and decide on some small steps to make the situation better; this often lasted late into the evening, but they were will-

ing, and they agreed to even open their services to Fayette and Franklin counties.

"I remember Ann Curtis saying to me they had no one to be director of the project, and I said I was looking at the director. She stated she wasn't qualified. I said she was more than qualified as she was willing to work hard with the community to make the impossible happen for mothers and babies and wasn't afraid to hold the doctors, hospital, and others responsible for helping to provide quality care.

"People respected her, and most of all, she loved them and was willing to ask for help whenever necessary. Needless to say, Ann became director and has, with the help of all those wonderful men and women, made miracles happen for families in Rush, Fayette, and Franklin. She has become an 'expert' in seeking help for her families and in fighting to bring them quality care.

"Rush County had no babies die in 2000. Whenever I need help for a family in those counties, I know whom to call. Since that meeting so long ago, the hospital closed their OB floor and

mothers had to go to surrounding counties for delivery.

"Ann and her team grew a friendly access network of high-risk patient service experts, local providers, including nurse midwives, and transportation providers to make the best services available to her families. I am so very, very proud of Rush County families who made Rushville Family Health Services a reality—who even sold flowers to pay the bills."



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Vanderburgh County Health Department Gains Emergency Response Experience

"On a sunny March day in Evansville, fires blazed, sirens wailed, and hundreds of citizens were evacuated— all in (miniature) 1/250th scale," said the media release distributed by the Vanderburgh County Health Department on March 25.

The event? 'Abbotville'—a county-wide disaster drill in which members of the Vanderburgh County Health Department participated. The drill was coordinated by the Vanderburgh County Local Emergency Planning Committee and held at the Evansville Fire Department's training center.

Other groups involved in the exercise included police, fire, Emergency Medical Services, media, and local businesses, according to Dwayne Caldwell, supervisor of the Environmental Section at the Vanderburgh County Health Department (VCHD).

The media release said: "The Abbotville drill used model buildings, automobiles and emergency apparatus to simulate disasters and emergency situations so realistically that even seasoned responders were caught up in the action.

"The VCHD employees were given roles similar to the ones they would play in an actual emergency. In the simulation, a truck colliding with a railroad tank car had released a flammable chemical into the sewers. A subsequent fire caused a plume of toxic smoke that required an evacuation of a nearby high school.

"In an actual emergency of this type, public health nurses would



EMERGENCY RESPONSE DRILL PARTICIPANTS from the Vanderburgh County Health Department are (l. to r.) Denise Cory, Communicable Disease director; Chris Boroweicki, environmental health scientist (EHS)—Food Section; Justin Manning, EHS, Environmental Section; Keith Goy, EHS, Environmental Section; and Dwayne Caldwell, supervisor, Environmental Section.



COVERED SECTION OF MODEL, prior to start of drill, prevents participants from "pre-planning" responses to the hidden "incident."

report to first aid stations, the food section would monitor the safety of food served to responders, and evacuees, and the environmental section would assist first responders in minimizing the public health/environmental impact of the emergency.

"These roles are not unfamiliar to

the Vanderburgh County Health Department staff. Over the past six months the department has been involved in responses to three major and numerous minor incidents related to bioterrorism."

Caldwell said, "Our past involvement in the county Emergency Planning Committee and in developing the county emergency operation plan served us well. The knowledge and relationships were already in place."

Should an actual emergency like the simulation occur without the preliminary exercise, Caldwell cautioned, "Late at night, at the scene of a steaming pool of deadly methyl-ethyl fuel, is not the best time to make new acquaintances and learn new skills."

Without special scheduling, day-to-day operations offer little chance for most health departments to interact with the agencies normally thought of as emergency responders.

The VCHD release concluded, "Now that national events such as the recent anthrax attacks have thrust public health into a response role, it is imperative that health departments take

advantage of any opportunity to educate themselves. The drill provided an excellent chance for VCHD staff to work with and learn from members of other agencies such as police and fire departments, the local Emergency Management Agency, and business representatives."

